DACUM Competency Profile for Medical Reimbursement Specialist

Sponsored By

RHORC Leadership
Sacramento City College

Health Care Industry Partners
Health South
Sacramento

Sansum/Santa Barbara Medical Foundation Clinic

Los Angeles County Region
Mt. San Antonio Community College

Orange County Region
Saddleback College

South Coast Region
Santa Barbara City College

Regional Health Occupations Resource Centers
North & Far North Region
Butte College

Central Region
Hartnell College

Bay Region
Mission College

Produced By

Regional Health Occupations Resource Center
South Coast Region
Santa Barbara City College

March 2-3, 1999

This project was funded by Economic Development grant #99-0226, implemented by the Regional Health Occupations Resource Centers adn monitored by the Chancellor's Office, California Community Colleges. *Permission is hereby granted to reproduce this work, in whole, or part, for classroom or curriculum use only.*

DACUM Panel

Chris McNamara, M.P.H.
Director, Business Services
Sansum/Santa Babara Medical Foundation Clinic
Santa Barbara

Berta Powers, C.M.A.
Financial Manager
El Camino Urology
Mountain View

Nancy Shearer
Billing Supervisor
Health South
Sacramento

Bille Jo Espitia, Voc. Ed. Teaching Cedentials
Office Manager/Billing
Rogari, M.D.
Artesia

Susanne French, Manager of Registration/Patient Accounts
Sansum/Santa Babara Medical Foundation Clinic
Santa Barabara

Diane Galloway, Administrative Health Services Certificate
Insurance Specialist
Limberg Eye Surgery
San Luis Obispo

Nancy Campbell, C.M.A, B.S.H.M
Coder/Biller
RK. Otarie, M.D. and
J.B. Moo, M.D.
Chico

Instructor,
Butte College
Chico

Ester Elias, A.A.
Program Consultant
Regional Health Occupations Resource Center
Mt. San Antonio College
Wittier

DACUM Facilitators

Marsha Roberson, R.N., M.N.
Director, Regional Health Occupation Resource Center
Santa Barbara City College

Linda Zorn, R.D., M.S.
Director, Regional Health Occupation Resource Center
Butte College

Additional Participant

Sue Watkins, R.R.A., C.T.R.
Coordinator, Regional Health Information Technical Program
Santa Barbara City College

*CPT: current procedural terminology
EOB: explanation of benefits
RA: remittance advice

DACUM Competency Profile for Medical Reimbursement Specialist

A medical reimbursement specialist is a member of the financial management team who ensure that maximum reimbursement is obtained through coding, billing, and collecting for all services rendered.

Duties	Tasks			
A Maintain reimbursement office operations	A-1 Implement opening procedures	A-2 Schedule office staff	A-3 Maintain office supplies	A-4 Process office mail
	A-5 Update patient demographic information	A-6 Update patient eligibility information	A-7 Maintain medical records documentation	A-8 Process legal documents
	A-9 Coordinate billing software support	A-10 Develop and maintain policies and procedures	A-11 Update government payor information	A-12 Maintain current payor information
	A-13 Assess office equipment needs	A-14 Implement closing procedures		
B Obtain service authorizations and precertifications	B-1 Review documentation to determine need for authorization	B-2 Complete authorization request forms	B-3 Contact authorization referral entities	B-4 Obtain service precertification or predetermination
	B-5 Submit service predetermination documentation	B-6 Submit processed authorization to third party payor	B-7 Respond to denied authorizations	B-8 Maintain authorization and precertification files
C Code procedures and diagnoses	C-1 Review charts for documentation to support charges	C-2 Analyze source documentation to determine diagnoses	C-3 Identify procedure code(s)	C-4 Identify procedure modifier(s)
	C-5 Analyze most comprehensive combination of procedure codes	C-6 Select CPT code(s) for maximal reimbursement*	C-7 Identify diagnostic code(s)	C-8 Select most specific diagnostic code(s)
	C-9 Reconcile diagnostic code(s) to procedure code(s)	C-10 Refer incomplete documentation to service provider or receptionist for completion		
D Post charges for services	D-1 Review charge tickets for completion	D-2 Enter charge ticket data	D-3 Batch charge tickets	D-4 Balance batch charges
	D-5 File completed batches	D-6 Post charge adjustments to journal		

	Duty	Tasks			
E	Process insurance billing	E-1 Verify "clean claim" status	E-2 Verify electronic status of claims	E-3 Sort paper claims according to third party payor	E-4 Format claim to conform to third party payor requirements
		E-5 Attach required documentation	E-6 Submit claim to appropriate payor location	E-7 Revise rejected electronic claims	E-8 Resubmit revised electronic claim
		E-9 Determine secondary payor status	E-10 Process secondary claims		
F	Post payment and adjustments	F-1 Sort payment receivables	F-2 Review EOBs and Ras for payments and adjustments*	F-3 Post line item payments to corresponding charges	F-4 Calculate payment adjustments
		F-5 Enter payment adjustment	F-6 Balance payment totals to entered payment data	F-7 Determine patient's financial responsibility	F-8 Generate statement to patient and/or to secondary payor
		F-9 Prepare bank deposits	F-10 Enter deposits into accounting system	F-11 Contact third party payor to resolve payment discrepancies	F-12 Generate checks for over payments
G	Respond to patient inquires	G-1 Determine purpose of inquiry	G-2 Research information sources	G-3 Explain insurance benefits to patient	G-4 Clarify office policies and procedures to patient
		G-5 Contact payor on behalf of patient	G-6 Inform patient of outcome	G-7 Arrange current account payment plans	G-8 Serve as patient advocate
		G-9 Refer patient to additional information sources			
H	Resolve claim problems with third party payors	H-1 Review third party aged accounts	H-2 Contact payor for claim status	H-3 Provide requested information	H-4 Clarify provider's documentation
		H-5 Contact patient to verify information	H-6 Resubmit revised claim	H-7 Submit denied claims to review or appeals department	H-8 Contact provider relations representative for assistance
I	Analyze patient aged accounts	I-1 Generate patient aged account report	I-2 Review patient past due accounts	I-3 Request outstanding balance from patient	I-4 Determine patient payment arrangements
		I-5 Refer outstanding accounts to collection dept/agency	I-6 Change account to reflect patient's new financial status		

	Duty	Tasks			
J	Maintain reimbursement information	J-1 Track payor reimbursement trends	J-2 Determine importance of each payor to practice	J-3 Analyze contractual adjustment rate of potential payors	J-4 Networks with reimbursement peers to share information
		J-5 Educate staff on payor changes and updates	J-6 Participate in continuing ed. on reimbursement regulations	J-7 Serve on facility reimbursement committee	

*CPT: current procedural terminology
EOB: explanation of benefits
RA: remittance advice

FUTURE TRENDS AND CONCERNS

- Computerized records
- Fast growth profession
- Medical Reimbursement Specialist should be recognized as the person the MD works with to make sure the operation is profitable
- Mergers, change in number of health maintenance organizatins (HMOs)
- Nationalized medicine/single payor

GENERAL KNOWLEDGE AND SKILLS

- Accounting
- Anatomy
- Bundle/unbundling skills
- Communication
- Composition (letters)
- CPT codes-modifiers
- Freshman English
- Global periods
- HCFA1500 forms
- HCPCS codes
- Histories and physicals
- ICD9 codes
- Keyboard/ten key
- Problem solving and prioritization
- Quickbooks software
- Terminology - medical and insurance
- UB92 forms
- Verbal
- What is supporting doc?
- Working knowledge of capitation
- Working knowledge of MediCal regulations
- Working knowledge of Medicare regulations
- Written

TOOLS, EQUIPMENT, SUPPLIES AND MATERIALS

- 10-key calculator
- Code link-book or software
- Computer hardware with modem
- Computer program for medical office management
- CPT book
- ICD9 book
- Medicare and MediCal manuals
- Office machines - FAX, copier
- Point of service device
- Quickbooks software
- RBRVs book
- Shredder
- Typewriter
- UB92/HCFA forms

WORKER CHARACTERISTICS

- Assertive
- Courteous
- Customer service oriented
- Detail-oriented
- Ethical
- Flexible
- Honest
- Multi-tasked
- Organized
- Problem solver
- Professional
- Responsible
- Self-motivated
- Team player